

Performance Outcomes Data System (PODS)

Data Dictionary

for the

Youth Survey

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For more information visit the DMH Performance Outcomes and Quality Improvement (POQI) Web Page at:

<http://www.dmh.cahwnet.gov/rpod/>

Youth Survey

YSS.txt

| Field Name | Type | Column Position | | Width | Description | Format/Coding |
|---------------------|------|-----------------|-----|-------|---|--|
| | | Start | End | | | |
| ADMINISTRATIVE DATA | | | | | | |
| COUNTYID | text | 1 | 2 | 2 | County identifier (i.e., county code) <i>county/city submitting record</i> | 01 - 66 See Appendix A for codes. Prefilled on DMH <i>TELEform</i> forms |
| CCN | text | 3 | 11 | 9 | County client number (<i>CSI equivalent</i>) | 9 character field Right justify, use left leading zeros See Appendix B for examples |
| FORMTYPE | text | 12 | 12 | 1 | Age specific form | Y = Youth Prefilled on DMH <i>TELEform</i> forms |
| FORMLANG | text | 13 | 14 | 2 | Language of instrument | See Appendix C for codes Prefilled on DMH <i>TELEform</i> forms |
| REASON | text | 15 | 15 | 1 | If the instrument is not completed, the PRIMARY reason must be indicated. | 1 = Refused (consumer refused to complete) 2 = Impairment (e.g., cognitive) 3 = Language (i.e., form not available in consumer's preferred language) 4 = Other |
| SRVYDATE | text | 16 | 23 | 8 | Date of survey administration | mmddyyyy (<i>leading zeros; no placeholders</i>) See Appendix B for examples. |
| *COUNTY1 | text | 24 | 25 | 2 | County Question #1 | * This item is not required by DMH. If used, data will be collected and returned to counties for their use. |
| *COUNTY2 | text | 26 | 27 | 2 | County Question #2 | * This item is not required by DMH. If used, data will be collected and returned to counties for their use. |
| *COUNTY3 | text | 28 | 29 | 2 | County Question #3 | * This item is not required by DMH. If used, data will be collected and returned to counties for their use. |

| Field Name | Type | Column Position | | Width | Description | Format/Coding |
|---------------------------------------|---------|-----------------|----|-------|---|---|
| CONSUMER PERCEPTION SURVEY | | | | | | |
| Youth Services Survey (YSS) Questions | | | | | | |
| SATSVCS | numeric | 30 | 30 | 1 | YSS_01. Overall, I am satisfied with the services I received. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |
| CHOOSVCS | numeric | 31 | 31 | 1 | YSS_02. I helped to choose my services. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |
| CHOOSTX | numeric | 32 | 32 | 1 | YSS_03. I helped to choose my treatment goals. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |
| NOMATTER | numeric | 33 | 33 | 1 | YSS_04. The people helping me stuck with me no matter what. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |
| TRBLTALK | numeric | 34 | 34 | 1 | YSS_05. I felt I had someone to talk to when I was troubled. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |

| Field Name | Type | Column Position | | Width | Description | Format/Coding |
|------------|---------|-----------------|----|-------|---|---|
| PARTICTX | numeric | 35 | 35 | 1 | YSS_06. I participated in my own treatment. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |
| RIGHTSVC | numeric | 36 | 36 | 1 | YSS_07. I received services that were right for me. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |
| LOCATION | numeric | 37 | 37 | 1 | YSS_08. The location of services was convenient. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |
| TIMEGOOD | numeric | 38 | 38 | 1 | YSS_09. Services were available at times that were convenient for me. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |
| HELPWANT | numeric | 39 | 39 | 1 | YSS_10. I got the help I wanted. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |
| HELPNEED | numeric | 40 | 40 | 1 | YSS_11. I got as much help as I needed. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |

| Field Name | Type | Column Position | | Width | Description | Format/Coding |
|------------|---------|-----------------|----|-------|--|---|
| RESPECT | numeric | 41 | 41 | 1 | YSS _12. Staff treated me with respect. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |
| RELIGION | numeric | 42 | 42 | 1 | YSS _13. Staff respected my family's religious / spiritual beliefs. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |
| UNDERSTD | numeric | 43 | 43 | 1 | YSS _14. Staff spoke with me in a way that I understood. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |
| CULTURE | numeric | 44 | 44 | 1 | YSS _15. Staff were sensitive to my cultural / ethnic background. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |
| DAILYLIF | numeric | 45 | 45 | 1 | YSS _16. As a result of the services I received, I am better at handling daily life. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |
| BETTRFAM | numeric | 46 | 46 | 1 | YSS _17. As a result of the services I received, I get along better with family members. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |

| Field Name | Type | Column Position | | Width | Description | Format/Coding |
|----------------------------|---------|-----------------|----|-------|---|--|
| BETTRFRN | numeric | 47 | 47 | 1 | YSS_18. As a result of the services I received, I get along better with friends and other people. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |
| BETTRSCH | numeric | 48 | 48 | 1 | YSS_19. As a result of the services I received, I am doing better in school and / or work. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |
| COPE | numeric | 49 | 49 | 1 | YSS_20. As a result of the services I received, I am better able to cope when things go wrong. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |
| SATFAMILY | numeric | 50 | 50 | 1 | YSS_21. As a result of the services I received, I am satisfied with my family life right now. | 1 = Strongly Disagree 2 = Disagree 3 = I am Neutral 4 = Agree 5 = Strongly Agree 8 = Not Applicable 9 = Missing |
| *Comments | * | * | * | * | * YSS_22. Comments | * This item is not reported to DMH and is for county use only |
| CONSUMER BACKGROUND | | | | | | |
| HOWLONG | text | 51 | 51 | 1 | How long have you received services here? | 1 = This is my first visit here 2 = > 1 visit, but < one month 3 = 1 to 2 months 4 = 3 to 5 months 5 = 6 months to 1 year 6 = More than 1 year 9 = Missing |

PODS Youth Data Dictionary

| Field Name | Type | Column Position | | Width | Description | Format/Coding |
|------------|------|-----------------|----|-------|--|---|
| GENDER | text | 52 | 52 | 1 | What is your gender? | F = Female M = Male O = Other 9 = Unknown / Missing |
| HISPANIC | text | 53 | 53 | 1 | Are you of Mexican / Hispanic / Latino origin? | 0 = No 1 = Yes 9 = Unknown / Missing |
| WHITE | text | 54 | 54 | 1 | Is your race White / Caucasian? | 0 = No (bubble not filled in) 1 = Yes (bubble filled in) |
| BLACK | text | 55 | 55 | 1 | Is your race Black / African American? | 0 = No (bubble not filled in) 1 = Yes (bubble filled in) |
| ASIAN | text | 56 | 56 | 1 | Is your race Asian? | 0 = No (bubble not filled in) 1 = Yes (bubble filled in) |
| AMERIND | text | 57 | 57 | 1 | Is your race American Indian / Alaskan Native? | 0 = No (bubble not filled in) 1 = Yes (bubble filled in) |
| PACISLND | text | 58 | 58 | 1 | Is your race Native Hawaiian / Other Pacific Islander | 0 = No (bubble not filled in) 1 = Yes (bubble filled in) |
| OTHERACE | text | 59 | 59 | 1 | Is your race Other? | 0 = No (bubble not filled in) 1 = Yes (bubble filled in) |
| UNKRACE | text | 60 | 60 | 1 | Is your race Unknown? | 0 = No (bubble not filled in) 1 = Yes (bubble filled in) |
| DOB | text | 61 | 68 | 8 | What is your date of birth? | mmddyyyy (leading zeros; no placeholders) See Appendix B for examples. |
| ARREST | text | 69 | 69 | 1 | In the past month, how many times have you been arrested for any crimes? | 0 = No arrests 1 = 1 arrest 2 = 2 arrests 3 = 3 arrests 4 = 4 or more arrests 9 = Missing |
| SCHABSNT | text | 70 | 70 | 1 | How often were you absent from school during the last month? | 1 = 1 day or less 2 = 2 days 3 = 3 – 5 days 4 = 6 – 10 days 5 = More than 10 days 6 = Do not remember 8 = Not applicable / Not in school 9 = Missing |
| LANGPREF | text | 71 | 71 | 1 | Were the services you received provided in the language you prefer? | 0 = No 1 = Yes 9 = Missing |

PODS Youth Data Dictionary

| Field Name | Type | Column Position | | Width | Description | Format/Coding |
|------------|------|-----------------|----|-------|--|---|
| WRITTEN | text | 72 | 72 | 1 | Was written information (e.g., brochures describing available services, your rights as a consumer, and mental health education materials) available to you in the language you prefer? | 0 = No 1 = Yes 9 = Missing |
| NOHELP | text | 73 | 73 | 1 | I did not need any help. | 0 = I did need help (bubble not filled in) 1 = I did <i>not</i> need any help (bubble filled in) |
| VOLUNTER | text | 74 | 74 | 1 | A mental health advocate / volunteer helped me. | 0 = No (bubble not filled in) 1 = Yes (bubble filled in) |
| OTHCONSM | text | 75 | 75 | 1 | Another mental health consumer helped me. | 0 = No (bubble not filled in) 1 = Yes (bubble filled in) |
| FAMEMHLP | text | 76 | 76 | 1 | A member of my family helped me. | 0 = No (bubble not filled in) 1 = Yes (bubble filled in) |
| PROFINT | text | 77 | 77 | 1 | A professional interviewer helped me. | 0 = No (bubble not filled in) 1 = Yes (bubble filled in) |
| CLINICIN | text | 78 | 78 | 1 | My clinician / case manager helped me. | 0 = No (bubble not filled in) 1 = Yes (bubble filled in) |
| STAFFMEM | text | 79 | 79 | 1 | A staff member other than my clinician or case manager helped me. | 0 = No (bubble not filled in) 1 = Yes (bubble filled in) |
| OTHELP | text | 80 | 80 | 1 | Someone else helped me. | 0 = No (bubble not filled in) 1 = Yes (bubble filled in) |
| * WHO | * | * | * | * | Follow-up to OTHELP above - Who helped? | * This item is not reported to DMH and is for county use only. |

Appendix A: County Codes

| Code | Name |
|------|--------------|
| 01 | Alameda |
| 02 | Alpine |
| 03 | Amador |
| 04 | Butte |
| 05 | Calaveras |
| 06 | Colusa |
| 07 | Contra Costa |
| 08 | Del Norte |
| 09 | El Dorado |
| 10 | Fresno |
| 11 | Glenn |
| 12 | Humboldt |
| 13 | Imperial |
| 14 | Inyo |
| 15 | Kern |
| 16 | Kings |
| 17 | Lake |
| 18 | Lassen |
| 19 | Los Angeles |
| 20 | Madera |
| 21 | Marin |
| 22 | Mariposa |
| 23 | Mendocino |
| 24 | Merced |
| 25 | Modoc |
| 26 | Mono |
| 27 | Monterey |
| 28 | Napa |
| 29 | Nevada |
| 30 | Orange |

| Code | Name |
|------|-----------------|
| 31 | Placer |
| 32 | Plumas |
| 33 | Riverside |
| 34 | Sacramento |
| 35 | San Benito |
| 36 | San Bernardino |
| 37 | San Diego |
| 38 | San Francisco |
| 39 | San Joaquin |
| 40 | San Luis Obispo |
| 41 | San Mateo |
| 42 | Santa Barbara |
| 43 | Santa Clara |
| 44 | Santa Cruz |
| 45 | Shasta |
| 46 | Sierra |
| 47 | Siskiyou |
| 48 | Solano |
| 49 | Sonoma |
| 50 | Stanislaus |
| 52 | Tehama |
| 53 | Trinity |
| 54 | Tulare |
| 55 | Tuolumne |
| 56 | Ventura |
| 57 | Yolo |
| 63 | Sutter/Yuba |
| 65 | Berkeley City |
| 66 | Tri-City |
| | |

Appendix B: Explanation of Data File Export Format

Data File Export Format

Counties using their own technology must convert their survey data to a standard export format before they are sent to the State (i.e., ASCII text - fixed width). The data must also be left-justified (i.e., a field value should start at the column position specified in the data dictionary and fill in the column spaces from left to right), with the exception of CCN (County Client Number) which is right-justified with leading zero's added to fill vacant columns in county client numbers with less than 9 characters. Below are a few example records which illustrate what the export format should look like.

| | CCN (County Client Number) | | | | | | | | | DOB (Client Date of Birth) | | | | | | | |
|-------------------|----------------------------|---|---|---|---|---|---|---|---|----------------------------|----|----|----|----|----|----|----|
| Column # | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| Consumer 1 | 0 | 0 | Z | 1 | 2 | 3 | 4 | 5 | 6 | 0 | 6 | 0 | 9 | 1 | 9 | 5 | 5 |
| Consumer 2 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 1 | 1 | 7 | 1 | 9 | 6 | 0 |
| Consumer 3 | 0 | Y | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 0 | 0 | 0 | 0 | 1 | 9 | 5 | 5 |

CCN

Consumer 1 and *Consumer 3* have county client numbers which are seven and eight characters wide instead of the nine characters allocated in the Data Dictionary (county client number widths vary across counties). Notice that the field values are right-justified with leading zero's added to fill vacant columns in CCN's with less than 9 characters.

DOB

Notice for *Consumer 1* and *Consumer 3* the date values in the Date of Birth columns (positions 10-17) are in the MMDDYYYY format, have leading zeros, and do *not* include placeholders. For example, for *Consumer 1* notice that columns numbered 10 and 11 (which indicate month) and columns numbered 12 and 13 (which indicate day) each have a leading zero. *Consumer 3* has an estimated year of birth and zeros for month and day of birth. This conforms to the CSI requirements regarding missing date of birth information.

When the complete date of birth is unknown, as much of the date as is known shall be reported. If nothing is known, estimate and report an approximate year of birth and use zeros for the month and day. If only the age in years is known, calculate the year of birth and use zeros for the month and day. If the year and month of birth are known, but the exact day of birth is not, report the year and month only, and use zeros for the day.

Appendix C: Language Codes

| Code | Language | Instrument Availability | | |
|------|------------------------|-------------------------|-------|-------------|
| | | Youth | Adult | Older Adult |
| EN | English | √ | √ | √ |
| SP | Spanish | √ | √ | √ |
| VI | Vietnamese | | | |
| CH | Chinese | | | |
| RU | Russian | | | |
| CM | Cambodian | | | |
| FA | Farsi | | | |
| HM | Hmong | | | |
| AR | Armenian | | | |
| TG | Tagalog | | | |
| KO | Korean | | | |
| MN | Mien | | | |
| OT | Other | | | |
| 99 | Missing / Not Reported | | | |

Appendix D: Information Technology Web Services

The following information is for counties intending to collect survey data on their own (not using DMH provided technology options) and intending to upload their data (via internet) to DMH using the Information Technology Web Services (ITWS). The ITWS provides a secure environment for the transfer of confidential data. Counties will need to identify a single contact to upload their data. Counties that are not authorized to use this system will need to obtain authorization. To obtain authorization, please visit the DMH ITWS website at <http://www.dmh.ca.gov> and click on the “ITWS” menu option. At this site, you will find information on the function of the ITWS and how to begin enrollment. If you have any questions regarding the enrollment process for the ITWS, you may call the DMH ITWS Help Desk at (916) 654-3117.

Once the Child / Youth Survey text files are formatted according to the data dictionary specifications, the process for submission is as follows:

- All text files **MUST** be zipped.
- Zipped files do not need to be password encrypted since ITWS is a secure site.
- Zipped files **MUST** be named according to the following convention: CPODSccYYYYMM#SUBMITTAL.ZIP
 - ◆ CPODS = Child / Youth Performance Outcomes Data System
 - ◆ cc = County code
 - ◆ YYYYMM = Four digit year and two digit month that data were due
 - ◆ # = Submittal sequence number (1 to 9). Each file with a new YYYYMM will have a submittal number of “1.” Anytime you have to resubmit this file during the same reporting period (most likely due to errors), the submittal number will increase by 1. The word “SUBMITTAL” must follow this number. For example, a file for the Child / Youth Performance Outcome Data System due on January 16, 2004 would be named: CPODS992004011SUBMITTAL.ZIP. If there is an error with this file and the file must be resubmitted with corrections, the new file will be named CPODS992004012SUBMITTAL.ZIP. You will notice the submittal number is now “2” since this is the second submission for the January 2004 deadline.

For technical questions related to the ITWS, please call the DMH ITWS Help Desk at (916) 654-3117.

